

Surgical Correction of Hallux Valgus

Hallux valgus describes a medial deviation of the first metatarsal and lateral deviation and rotation of the hallux. Along with the osseous deformity medial soft tissue enlargement of the first metatarsal head may be seen. Complaints include painful motion of the joint, difficulty with footwear, cosmetically bothersome skin redness along the medial first metatarsal head, and eventually degenerative arthritis in the joint. Uncorrected hallux valgus may also propagate deformity of adjacent digits. Treated timely joint preserving correction is possible. The goals of surgical treatment are to relieve symptoms, correct the deformity, and restore function.

Consultation

During the initial consultation your wishes and desires as well as possible reservations will be addressed in detail. Subsequently, a careful physical examination is conducted along with performance of functional tests as well as analysis of radiographs. Finally, an individually tailored treatment plan is formulated. Preoperative photographs are used for explaining the procedure in a step-by-step manner. Available procedures are then discussed including possible limitations and risks. Our goal is to provide you with a realistic image of what you can expect from such a procedure.

Who is an appropriate candidate?

Indications for surgical correction include joint deformity, pain / difficulty with footwear, and painful joint motion. Surgical correction is recommended early in the disease process. Long-term observation and conservative treatment trials are obsolete.

Procedure

This in-patient procedure (2-3 days) may be performed under regional or general anesthesia. The procedure consists of two sections, with initial osseous realignment and subsequent soft-tissue correction.

Post-Operative Care

During the first few days postoperatively the foot should be elevated and cooled. Application of a cast is not necessary. On postoperative day 1 a special shoe with an inflexible sole is worn (for a total of 4 weeks) and the patient is allowed to ambulant regularly. Thus, crutches are not necessary. Sutures are removed 2 weeks postoperatively. The resulting scar (approx. 3 cm) is barely visible. Unrestricted activities are allowed 8 – 10 weeks postoperatively.

At a glance:

Length of procedure:

- Approx. 45 minutes

Postoperative Care:

- Specialized foot wear for 4 weeks
- Patients unable to work for 2-4 weeks
- Avoid extreme sport activities for 6 weeks

Anesthesia:

- Usually regional anesthesia (occasionally general anesthesia)

In-patient stay:

- 2 days